PAIC	NI APPLICA Efi	NON FEE lective Oct			ION REC)RD	10	19/6	91.	353	,	
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SKAE TYPE	L E	YTITY		ОТНЕ	RTHAN	
TOTAL CLA	MS		1141 11	<u>ئىنى</u>	Ollini Ci	RA		FEE	· Of	RATE	LEKTITY	
FOR-		. NUMB	ER FILED	icum	BER EXTRA	BASK		 		BASIC FE		
TOTAL CHAR	GEABLE CLAIM		minus 20=	-		XS	~		7	1150	+	
INDEPENDEN	TCLAIMS		กน้าบร 3 =	•	· · ·		_		OF	-	 	
	PENDENT CLAU					Xw		ļ	_lof	X20=	4	
						+15) =	<u>.</u>	OF	+300=	ļ. ·	
"It the onese			less than zero, enter "0" in column 2			TOT	AL	Ŀ	OF	TOTAL		
RŒ	(Column 1		MENDED - PART II (Column 3)				SMALLENTITY OR				OTHER THAN SMALL ENTITY	
Total Independe	CLAIMS REMAINING AFTER AMENDMEN		HIGHI NUME PREVIO PAID F	SER SUSLY	PRESENT EXTRA	RAT	ε	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE	
Total	- 18	Minus	-3	0		XS	-1		OR	X\$50=	17	
Independe	ESENTATION OF	Minus	4	<u> </u>	=	XIO		/	OR	XX	1	
·	SENIATION OF	MUCHPLED	CPENUENT	CLAIM	لــلـلــا	+150	_		OR	4300=		
				•		101 ADDIT, F			OR	TOTAL ADOIT, FEE		
	(Column 1)).	(Colum		(Column 3)				-	, 551		
m 6/16/0	REMAINING AFTER ALMENDMENT	.	HIGHE EMUN FAEVIOR FADAR	ER USLY	PHESSINI BATRA	FATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total Independen	. 18	Minus	- 30)	= -	X.75 =	T		OR	XSQ =		
independen		Minus	1 4		= -	X 60=	T	7	OR	X2m.		
[FIRST FRE	SENTATION OF A	AULIPLE DE	PENDENT	MIAL	<u> </u>	+150=	7		OR	+300=		
				•		ADDIT FE			OR	TOTAL ADDIT. FEE		
	(Column 1)		(Columi	n 2)	(Column 3)				•	COII. FCC		
Total	CLAIMS REMAINING AFTER - AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PREȘENT EXTRA	RATE	π	ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE	
Total	. •	Minus	**		e .	X25=	\mathbf{T}	•	OR	X\$50=		
Independen		Minus	548	\cdot	-	X100 =	†		OR	X200:		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+150=	T		OR	+300=		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THUS SPACE is less than 20, enter "20."						TOTAL	+		OR L	TOTAL		
a nic i affactati	turiber Previously F	SOLOL IN IH	12 space is in	acs than	20, enter 20."	ADOIT, FE		1	UH .	DOT, FEE L		

Application or Docket Number